



# AB1296 Stakeholder Workshop

March 8<sup>th</sup> 2013



# Agenda

- Usability Overview
  - Timeline
  - Target Audience
  - Approach
- Application Preview
  - Anonymous Screening
  - Application
  - Eligibility Results
- Question and Answer

# Usability Timeline

## Understand

11/2012 – 01/2013

Gain an understanding of people and context through user research  
Identify key design constructs and principles

## Define

01/2013 – 03/2013

Determine the overarching system design constructs including:

- Information architecture
- Key task flows
- Interaction models

## Design

03/2013 – 05/2013

Design key components of the experience platform by determining:

- Key page types
- Essential task flows
- Page level interaction / Visual design

## Deliver

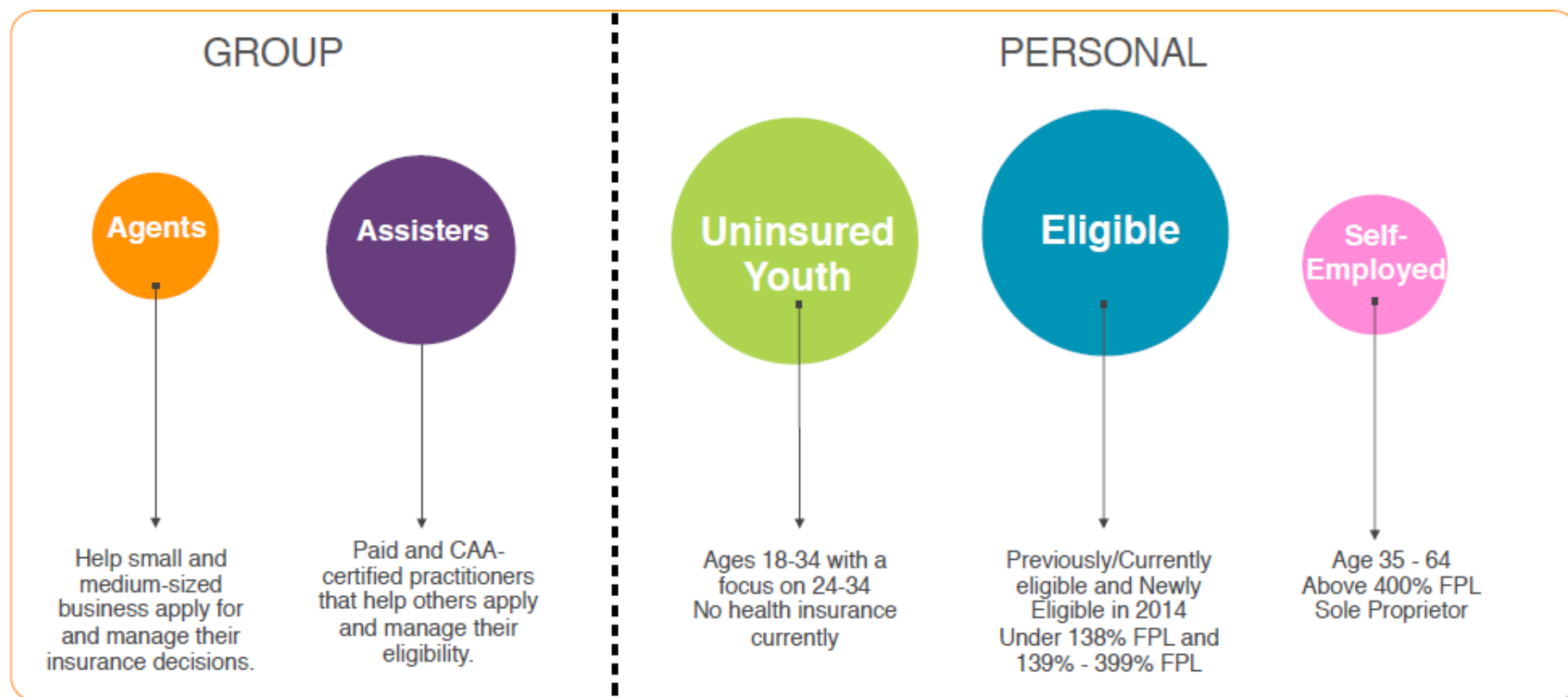
05/2013 – 07/2013

Extend the platform into the system using:

- Design specifications
- Pattern libraries

# Target Audience

Californians, 6th Grade literacy, English proficiency,  
Online proficiency, & Urban/Rural Geographies



Demographic mix based on the California Census, wide range of experience (or now experience) with public and private healthcare systems.



## Approach to Usability - Leverage Existing Research

- UX2014 design principles
- PBGH research on plan choice
- Ogilvy/NORC marketing research
- Consumers Union reports
- Behavioral economics literature
- Best practices from existing sites
- Stakeholder input

# Approach to Usability – Conduct User Research

## ■ Foundational research

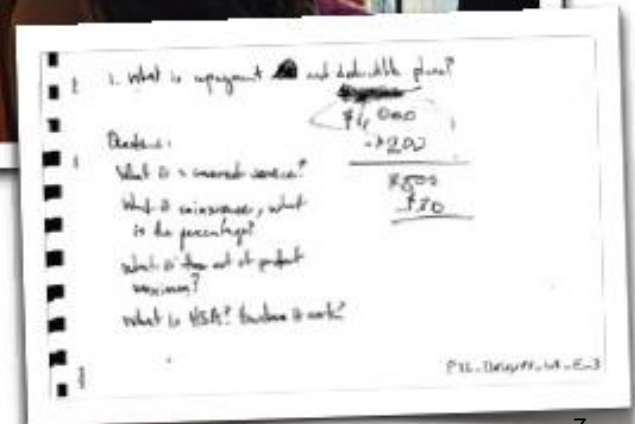
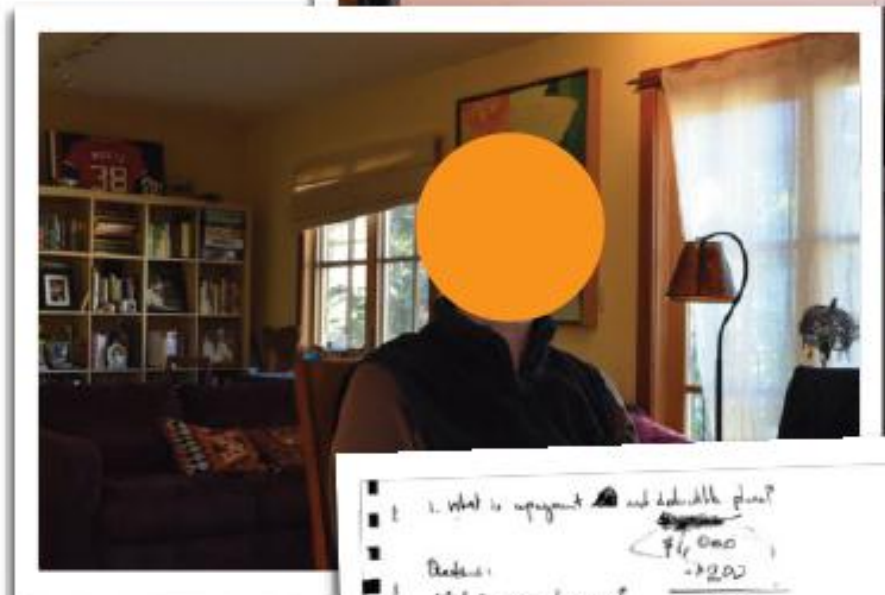
- Ethnographic Research – In field research, interviewed target audience
- Diary Studies
- Landscape Review – User feedback on design constructs

## ■ User testing of prototypes

- Eye Tracking Studies
- Information Architecture and Navigational Model Design
- Look-Tone-Feel Study – Design and integration of a cohesive branding
- Iterative Test & Design – User feedback on design constructs

# Conduct User Research – Ethnographic Study

- In-home ethnographic research
  - 2.5-3 hour sessions
- Funnel approach
  - Starting with open-ended inquiry
  - Narrowing to focus on specific areas of inquiry
  - Storytelling
  - Re-creation of past events
  - Participant exercises



# Conduct User Research - Locations

Santa Cruz

Alameda

San Mateo

Santa Clara

San Francisco

Contra Costa

Orange

San Luis Obispo

Calaveras

Stanislaus

Marin

San Diego

Placer

Sacramento

Madera

LA

Fresno

Shasta

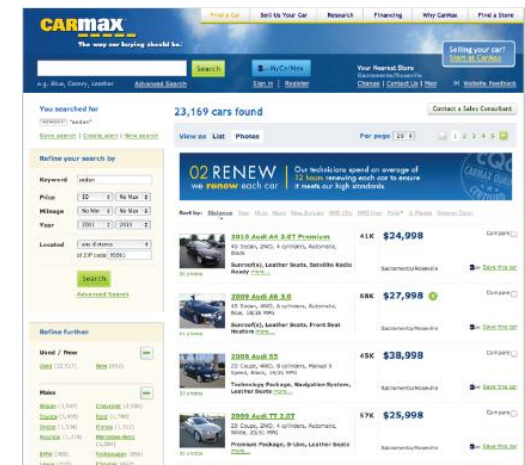
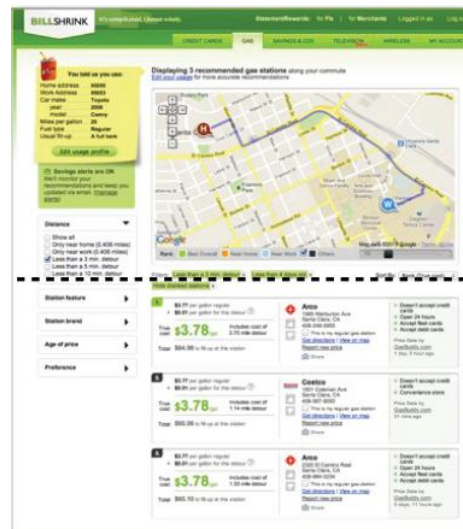
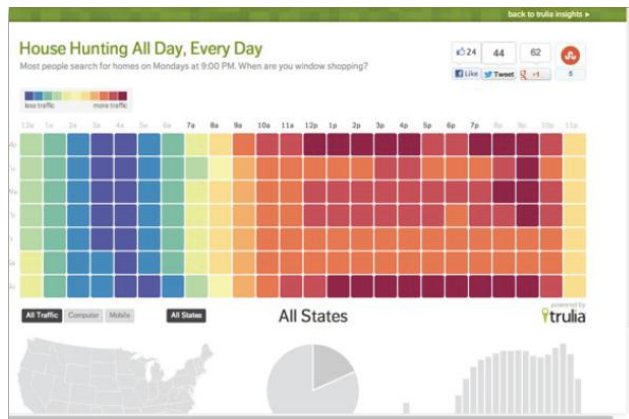
Alpine





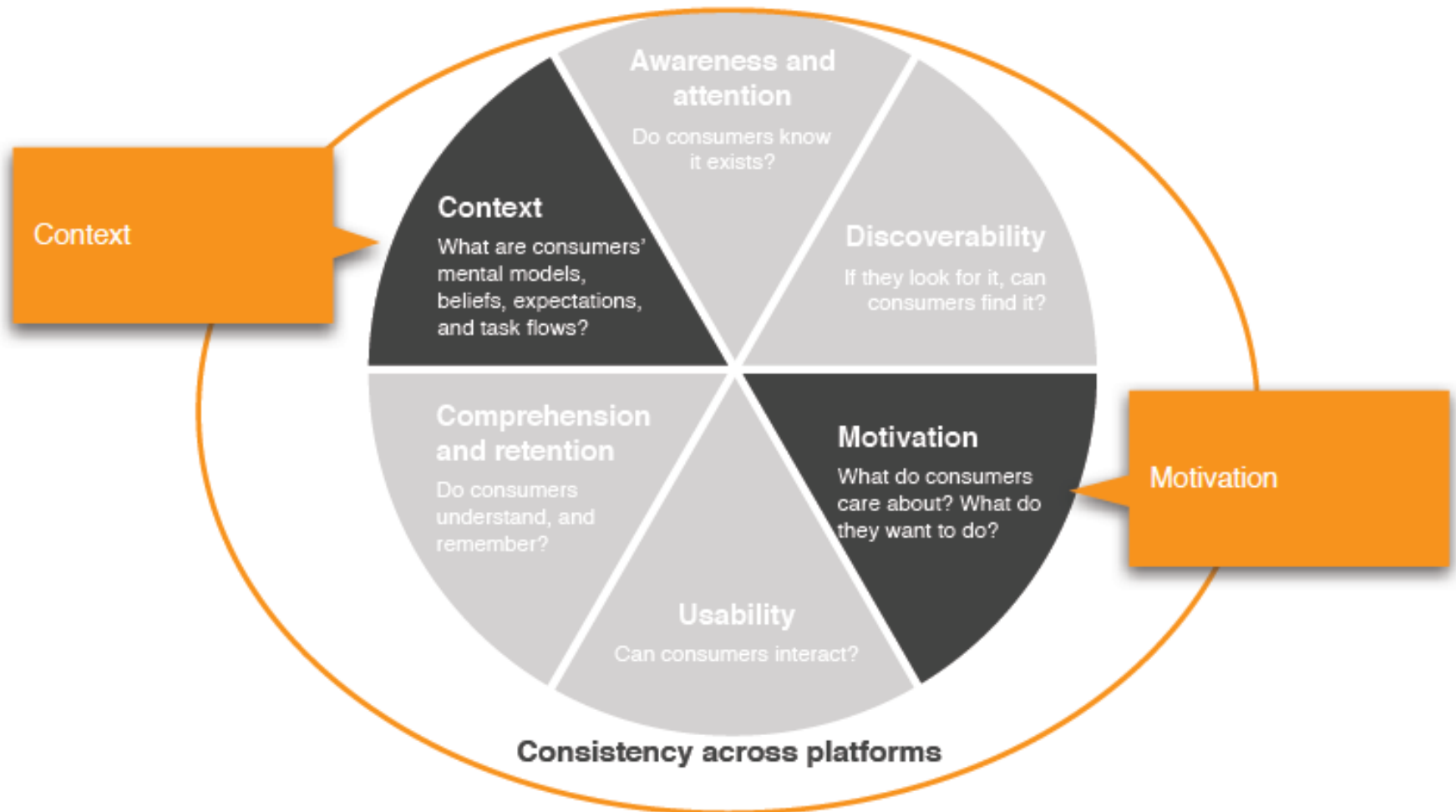
# Conduct User Research – Landscape Review

- User testing to explore existing graphical designs and interactions as methods of conveying complex decision making processes
- Tested Concepts:
  - Size and Color
  - Filtering
  - Consuming and Comparing
- Conducted user testing and research of baseline products as a starting point for refining the CalHEERS design



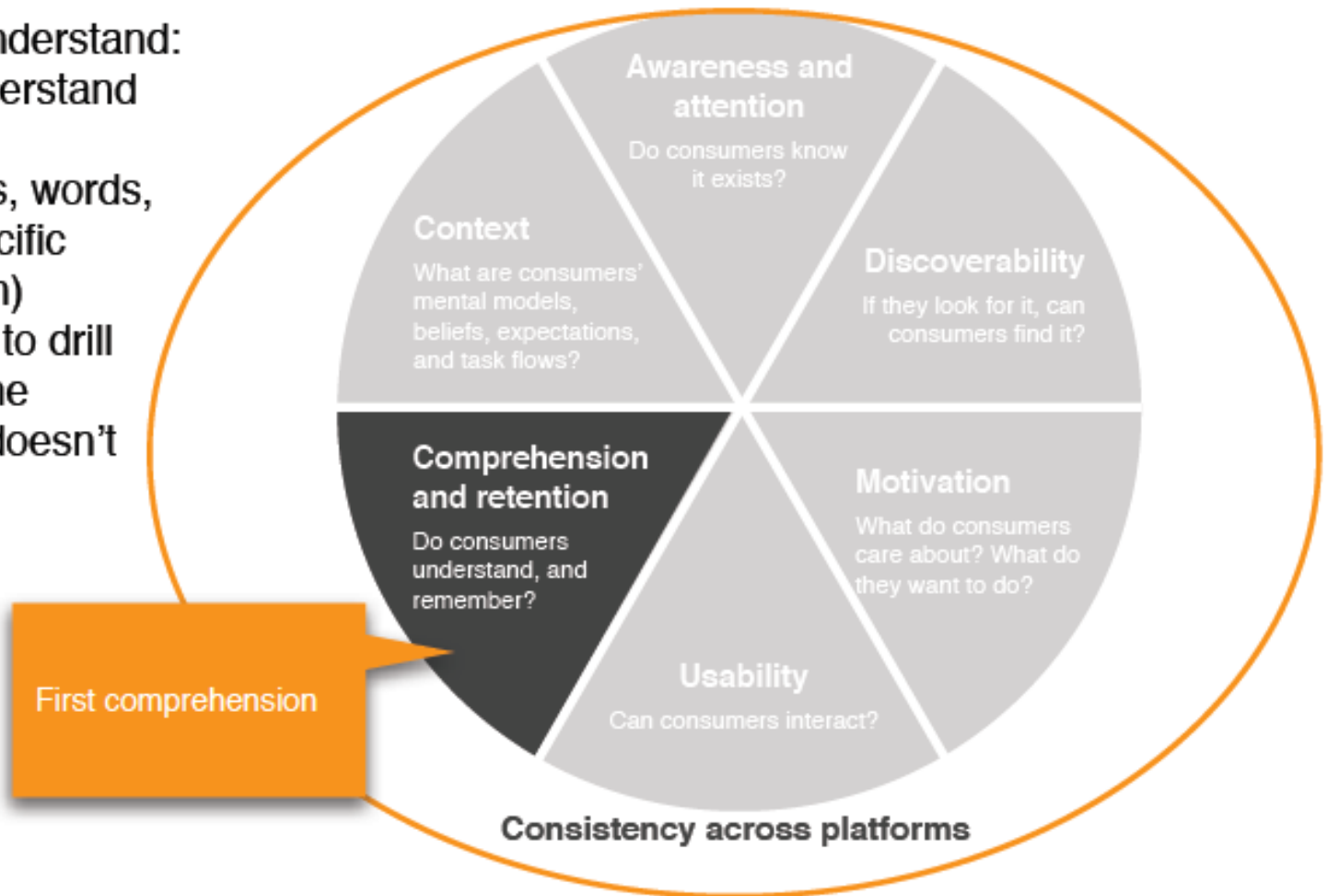
# Iterative Design & Test – User Research

Leverage the Understand Phase to 'bake' context into the design,  
and know what consumers care about



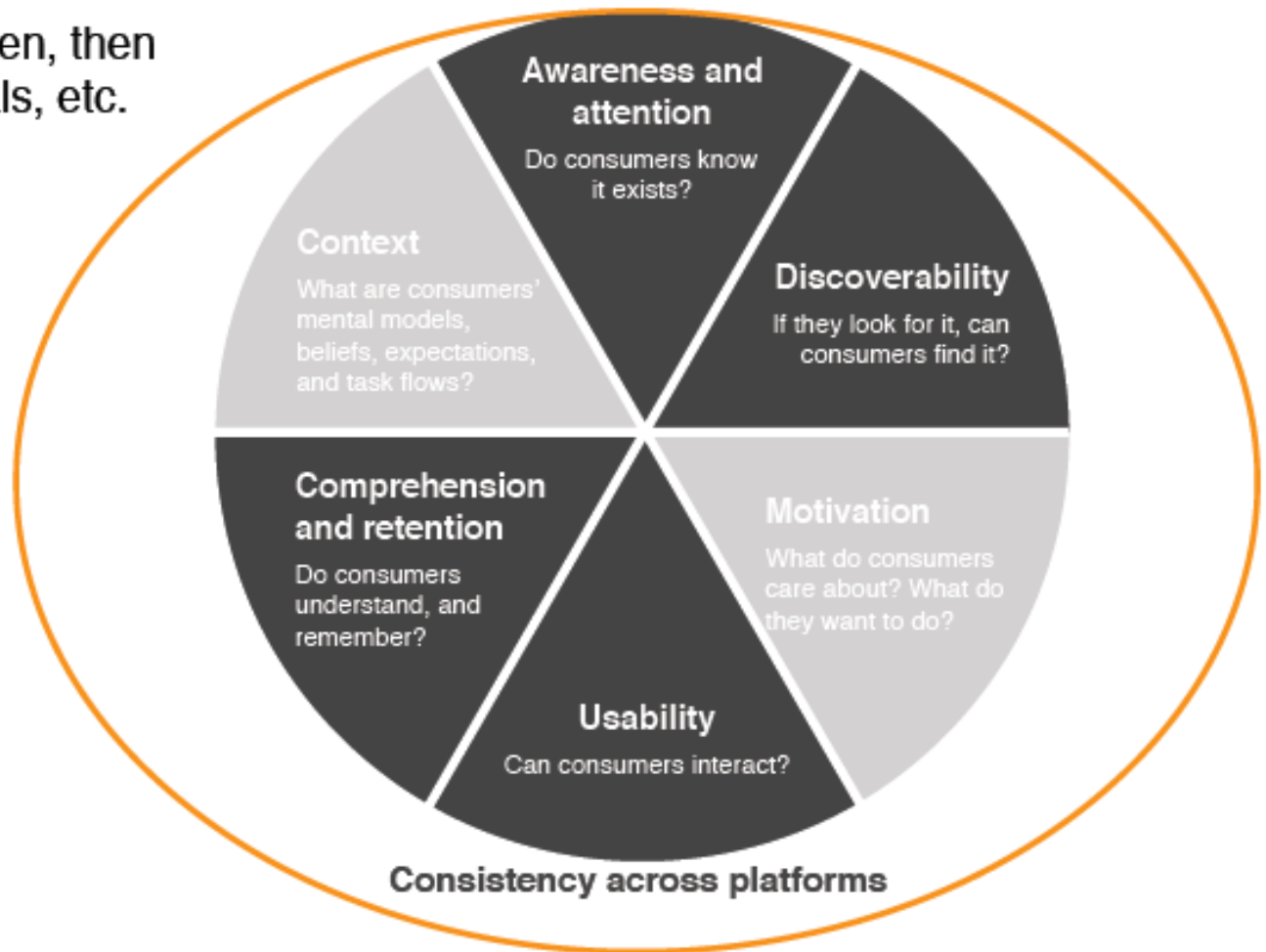
# Iterative Test & Design – Fast Cut

Important to understand:  
Do people understand  
the concept?  
(Not the details, words,  
visuals, or specific  
implementation)  
We don't want to drill  
into details if the  
concept itself doesn't  
work.



# Iterative Test & Design - Refine

Once the model is proven, then we refine. Words, visuals, etc.





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- Question and Answer



# Application Preview

- Online Application Preview: Work in Progress
  - Wireframes – no visual design
  - Wording not finalized
  - CMS model still being assessed
  - Entering iterative test and design

# Anonymous Screening

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A ▾




## Preview Coverage Options

Answer a few short questions to find out if your household MAY qualify for coverage programs or a discount on the cost of insurance. To determine your actual benefit eligibility – you will need to submit a full application.

### Questions

What is your Zip code? 


What is your total household income per year? 

How many people are in your household? 

Age of Head of Household

Age of Person 2

Age of Person 3

Is anyone in your household pregnant? 

☐ Yes☐ No

Is anyone in your household blind or disabled? 

☐ Yes☐ No[Back](#)[View Options](#)



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## Coverage Option Results

Zip code: 95118

Total household income: \$ 24,850

Household members: 3

Age of Head of Household: 54 years

Age of Person 2: 45 years

Age of Person 3: 15 years

Household includes: ☐ Pregnant

☒ Blind or Disabled

### Available Programs

You may qualify for:

**Free or Low-Cost  
Coverage**

Through  
Medi-Cal

[Fact Sheet](#)

**Access for Infants  
& Mothers**

(AIM)

[Fact Sheet](#)

**Tax Credits**

Applied in advance to  
lower premium costs.

[Fact Sheet](#)

**Negotiated Prices**

On health plans  
offered through  
Covered California

[Fact Sheet](#)

[Preview Plans](#)

Note: You may or may not qualify for free or low-cost coverage for reasons not shown here. For example, your choices may depend on your citizenship or immigration status, or you may have access to affordable coverage through an employer or another government program.

[Back](#)

[Begin Application](#)



# Welcome to Covered California

[Sign In](#)[Create Account](#)[A](#)

## Coverage Option Results



Zip code: 95118

Total household income: \$ 53,850

Household members: 3

Age of Head of Household: 54 years

Age of Person 2: 45 years

Age of Person 3: 15 years

Household includes: ☒ Pregnant

☐ Blind or Disabled

### Available Programs

#### Free or Low-Cost Coverage

Through  
Medi-Cal & CHIP

[Fact Sheet](#)

#### You may qualify for:

#### Access for Infants & Mothers

(AIM)

[Fact Sheet](#)[Preview Plan](#)

#### You may qualify for:

#### Tax Credits

Applied in advance to  
lower plan premiums.

[Fact Sheet](#)[Preview Plans](#)

#### Negotiated Prices

On health plans  
offered through  
Covered California

[Fact Sheet](#)

Note: You may or may not qualify for free or low-cost coverage for reasons not shown here. For example, your choices may depend on your citizenship or immigration status, or you may have access to affordable coverage through an employer or another government program.

[Back](#)[Begin Application](#)

Consent for Verification



Application ID: 1233987    Household: Gustav Hermannson

Start

Starting Questions

Consent for Verification

## Start - Consent for Verification



### Your Consent for Verification

Covered California uses external sources like the Federal Hub to verify the authenticity of some of the Personally Identifiable Information (PII) like Social Security Number, Tax Data, and Date of Birth entered as part of the application. Please check the box below if you agree to these terms and conditions.

☒ I agree to consent for Verification

Back

Save &amp; Exit

Continue

Household Primary Contact



Start



Household

Personal  
Data

Income

Eligibility

Enrollment



[Profile](#)

| [Gustav Hermannson](#)

| [Sign Out](#)

| [Change Role](#)

[Secure Mailbox \(3\)](#)

A ▾



Application ID: 1233987

Household: Gustav Hermannson

Household

Primary Contact

John Smith

Member 2

Member 3

Add Member

Relationships

## Household Primary Contact



Please review the information listed below. To change Primary Contact, update below.

### ▼ Primary Contact - Name

First Name \*

John

Middle Name

Last Name \*

Smith

Suffix

Home Phone Number

(512)345-6789

Work Phone Number

Ext.

Cell Phone Number

Email

John.Smith@gmail.com

### ▼ Primary Contact - Home Address

Street Address \*

17806 Lake Carlton Drive

Apartment or Suite Number

Suite A300

City \*

Sacramento

State \*

CA ▾

Zip Code \*

99345

Personal Data - Address and Contact

Start  
✓Household  
✓Personal  
Data

Income

Eligibility

Enrollment

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Application ID: 1233987

Household: Gustav Hermansson

*Personal Data*

Address &amp; Contact

Demographic Data

Tax Information

Health Care

Optional Data

## Personal Data - Address & Contact Information



Please answer all the required questions for each household member.

### ▼ John Smith

#### Residence Address

Is this person's residence address same as the household primary contact's address?



Yes



No

Street Address 1 \*

Street Address 2

City \*

State \*

CA ▾

Zip Code \*

County \*

 ▾

#### Mailing Address

Is this person's mailing address same as the household primary contact's address?



Yes



No

Street Address 1 \*

Street Address 2

City \*

State \*

CA ▾

Zip Code \*

County \*

 ▾

#### Contact Phone & Email

Home Phone

Work Phone

Ext.

Cell Phone Number

Email

John.smith@shop.org



Personal Data - Optional Data



Start  
✓

Household  
✓

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A ▾



Application ID: 1233987 Household: Gustav Hermannson

Personal Data

✓ Address & Contact

✓ Demographic Data

✓ Tax Information

✓ Health Care

Optional Data

## Personal Data - Optional Data



Please provide the important additional information below. This is voluntary information collected to improve the quality of care provided.

▶ John Smith

▶ Lisa Smith

▼ Karen Smith

Optional demographic information is collected to improve the quality of service provided by the Healthcare Exchange.

What is this person's preferred written language of communication?

Select One ▾

What is this person's preferred spoken language of communication?

Select One ▾

Is this person of Hispanic, Latino, or Spanish origin? ?

☐ Yes

☐ No

What is this person's ethnicity?  
(check all that apply)

☐ Cuban

☐ Mexican, Mexican American, or Chicano/a

☐ Puerto Rican

☐ Other

What is this person's race?  
(check all that apply) ?

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Black or African American

☐ Chinese

☐ Filipino

# Household Income Summary



Start  
✓

Household  
✓

Personal  
Data  
✓

Income

Eligibility

Enrollment



[Profile](#)

| [Gustav Hermansson](#)

| [Sign Out](#)

| [Change Role](#)

[Secure Mailbox \(3\)](#)

A ▾



*Household Income*

Employment

Self-Employment

Social Security Income

Unemployment Income

Lump Sum Income

Scholarship Income

AI/AN Income

Additional Income Sources

Deductions Claimed

Income Summary

Application ID: 1233987

Household: Gustav Hermansson

## Household Income Summary

**Total Current Monthly household income: \$ 1198.00**

Here is the summary of the income information provided.

<i>Income Type</i>	<i>Amount</i>	
Employment Income	\$ 998	<a href="#">Edit</a>
Self-Employment Income	\$ 65	<a href="#">Edit</a>
Social Security Income	\$ 20	<a href="#">Edit</a>
Unemployment Income	\$ 20	<a href="#">Edit</a>
Lump Sum Income	\$ 20	<a href="#">Edit</a>
Educational Scholarships Income	\$ 0	<a href="#">Edit</a>
AI/AN Income	\$ 0	<a href="#">Edit</a>
Additional Income	\$ 0	<a href="#">Edit</a>
<b>Total Current Monthly Household Income</b>	<b>\$ 1198</b>	
<b>Total Projected Annual Household Income</b>	<b>\$ 14,376</b>	<a href="#">?</a>
Enter the projected annual household income if different from above	<input type="text"/>	

[Back](#)

[Save & Exit](#)

[Continue](#)

# Eligibility Results

Start  
✓Household  
✓Personal  
Data  
✓Income  
✓

Eligibility

Enrollment

[Profile](#) | Gustav Hermannson | [Sign Out](#)[Secure Mailbox \(3\)](#)

A ▾



Case ID: 1233987 Household: Gustav Hermannson

## Eligibility Results

Here are your eligibility results - the programs you are eligible for. To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

### Gustav Hermannson

#### Qualified Health Plan through Covered California: Eligible

Effective 1/1/2014



#### Advance Payment of Premium Tax Credit (APTC): Conditionally Eligible

Gustave Hermannson: Up to \$1500 for 2014



#### Cost Sharing Reduction (CSR): Conditionally Eligible



Your eligibility is **conditional**. To continue advance payments, you must submit an acceptable **verification of income** by <DATE>.

[Submit Documents](#)

You must select a health plan by <DATE = Open Enrollment End>. To choose a health plan, click the "Choose a Health Plan" button below.

*Not eligible for: Medi-Cal*

### Important Information & Options

#### Eligibility Determination Factors

- Household income does not fall within Medi-Cal eligibility limits.
- Household income falls within eligibility limits for APTC and CSR.
- All other eligibility determination factors have been met.

You will receive additional details about these results in the mail.

Question and Answer